

Community Services and Supports (CSS) Plan Requirements I In-depth Discussion of Issues Sections I - IV



Mental Health Services Act

Community Services and Supports (CSS)

Conference Call #2

Wednesday, March 2, 2005

3:00PM – 4:00PM

TOLL FREE CALL IN NUMBER: 1-877-366-0714

NO PASSWORD NEEDED

TTY# 1-800-735-2929



CSS Conference Call #2 AGENDA

Wednesday, March 2, 2005 3:00PM

- 3:00 Welcome and Purpose of Conference Call—Bobbie Wunsch**
- 3:02 Review Agenda and Conference Call Process—B. Wunsch**
- 3:05 Review Purpose and Organization of Document—DMH**
- 3:10 Review Document Sections I-III—DMH**
- 3:20 Questions and Answers—Bobbie Wunsch and DMH Staff**
- 3:35 Review Document Section IV—DMH**
- 3:45 Questions and Answers—Bobbie Wunsch and DMH staff**
- 3:58 Next Steps and March 14 Conference Call—Bobbie Wunsch**
- 4:00 Adjourn**



Purpose of Document

- To set forth draft requirements for county program and expenditure plans.
- To achieve balance between being prescriptive enough to tell “statewide story” and allow for individual county differences, creativity and initiative.
- A county may select an issue, population or service not specified in the document, but when doing so must justify why their selection has higher priority and remains consistent with the intent and purpose of the MHSA.



Expenditure Plans

- Two types of funding:
 - Enrolled members
 - System capacity
- The majority of funding should be for enrolled members. Counties are expected to request enrollment funds for all four age groups.
- Enrollment means a commitment to “do what it takes” to meet the mental health needs of an enrolled member/family. Enrollment requirements are spelled out in Section IV.



CSS Plan Requirements – Organization of Document

- Section I – Planning Process
- Sections II – VIII follow a logic model
- Section IX describes the requirements for the plan's public review process



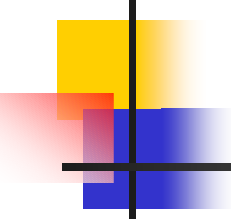
Logic Model

- Logic models display program components in a logical flow:
 - Identify community issues
 - Assess unmet mental health needs
 - Decide on focal populations
 - Identify strategies for system capacity
 - Assess system capacity
 - Develop workplan
 - Develop budget



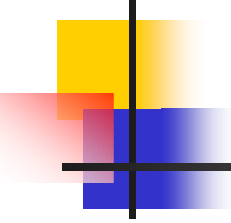
Organization of Document (pg. 7)

- Focus for today's call – Sections I, II, III and IV.
- For each section:
 - Purpose of section
 - Required responses
 - Series of items which counties must respond to in their applications



Section I: Results of Public Planning Process (pgs. 8-10)

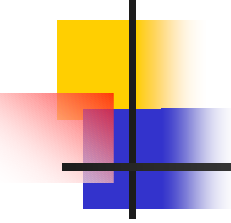
- Purpose of Section:
 - Enable plan reviewers to judge whether or not county met requirements in DMH Letter 05-01 and did what they proposed in their request for planning funds.
 - Four major response requirements for this section. These are the same areas counties were asked to address in their funding requests for planning.



Section I: Results of Public Planning Process (pgs. 8-10)

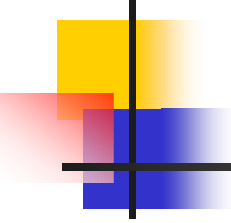
1. Meaningful involvement of consumers/families:

- Outreach activities to insure comprehensiveness
 - **For all age groups**
 - **For consumers outside of organized groups**
 - **For unserved and underserved**
- List of activities designed to encourage participation
- If county did not have established groups, how did they initiate them, and how do they plan to sustain this?
- Describe financial supports provided



Section I: Results of Public Planning Process (pgs. 8-10)

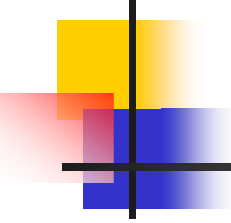
2. Comprehensiveness of process beyond consumers and family members:
 - Provide numbers and categories (by organization) of who participated.
 - How did county insure participation reflected county demographics?
 - Describe numbers and kinds of meetings held, attendance, and provide minutes.



Section I: Results of Public Planning Process (pgs. 8-10)

3. Personnel for planning process:

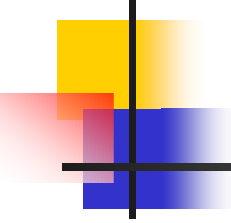
- Who had overall responsibility and percentage of time spent?
- Other personnel involved by function and time spent – responsibility for:
 - Organization of process
 - Participation of consumers/families
 - Participation of ethnically diverse populations
 - Any consultants used
 - Others



Section I: Results of Public Planning Process (pgs. 8-10)

4. Training provided:

- Identify number of trainings, content, name of trainer, length of training, and persons attending for each of following:
 - Consumers and family members
 - MH managers and supervisors
 - MH line staff
 - Mental health contractors
 - Other agency personnel
 - MH Boards and Commissions
 - Others



Section II: Identifying Issues As a Result of Untreated Mental Illness (pgs. 10-11)

- Purpose of Section:
 - To describe the community issues for each age group that the county has selected to address in this first three year plan.
 - DMH has identified issues that address statewide outcome goals and are specified in the MHSA.
 - Two major responses are required, with a third if a county identifies an issue not specified in this document and the MHSA.



Section II: Identifying Issues As a Result of Untreated Mental Illness

1. Identification of specific issues by age group
2. Criteria and process for selecting each of these issues:
 - What factors were used to select issues?
 - How were issues prioritized?
3. Third response if selecting a non-MHSA specific issue – county must justify significance and consistency with MHSA purpose and intent.



Section III: Analyzing Mental Health Needs in the Community (pgs. 11-15)

- Purpose of Section:
 - To describe unmet mental health needs in the county
 - Nine areas of response required
 - DMH is not prescribing how to do this. Each county should decide what methodology to use to most clearly reflect their unmet needs.
 - Cultural competence plans and DMH data provide some resources.



Section III: Analyzing Mental Health Needs in the Community

1. Provide and analyze population and utilization data.
2. Based on above, estimate total numbers in need, total currently served, and total unserved.
3. Describe methodology used.
4. Describe the situational characteristics of those identified. For example – children in foster care, juvenile hall, youth aging out of foster care, adults who are homeless, isolated older adults, etc.



Section III: Analyzing Mental Health Needs in the Community

5. Of those currently served, estimate the number of underserved that meet “at risk of” criteria for MHSA services.
6. Describe methodology to calculate above and situational characteristics – by age group.
7. Did numbers include any who are inappropriately served? If so, explain.
8. If identified, estimate numbers who are underserved but do not meet “at-risk of” criteria for MHSA services.
9. If proposing to serve those in #8, justify consistency with intent and purpose of Act.



Section IV: Identifying Focal Populations for Enrollment (pgs. 15-18)

- Purpose:
 - To identify focal populations who will be the first enrolled members under the MHSA.
 - Identify by age group
 - Counties are encouraged to start “small and smart”.



Section IV: Identifying Focal Populations for Enrollment

- This section describes the commitment counties must make to enrolled clients and families:
 - To do “whatever it takes” to assist client/families to achieve their goals.
 - To assign a Personal Service Coordinator/case manager to each member.
 - To have low enough caseloads to respond to needs 24/7.
 - To submit service, assessment, and indicator/outcome information for each enrollee. (Appendix B describes performance measurement strategies)



Section IV: Identifying Focal Populations for Enrollment

- General requirements
 - Counties must identify focal populations and numbers, must include all age groups, must use and update Cultural Competence plan to identify and strategize regarding reducing ethnic disparities, and must review all data by gender and ethnicity.



Section IV: Identifying Focal Populations for Enrollment

- Children, youth and families:
 - Focus is on population for whom there are no other funding sources because they are ineligible for them **or** they need services which are not funded by existing sources. Must be unserved or underserved
 - In juvenile justice system
 - Placed out of county
 - At risk of out of home placement
 - Uninsured



Section IV: Identifying Focal Populations for Enrollment

- Transition Age Youth (TAY) between the ages of 16 and 25 who are unserved or underserved:
 - Homeless or at risk of being homeless
 - Aging out of public systems such as child welfare
 - Have experienced their first major episode of mental illness



Section IV: Identifying Focal Populations for Enrollment

- Adults with SMI including co-occurring SA who are unserved or underserved and:
 - Homeless or at risk of being homeless
 - Involved in the criminal justice system or at risk of such involvement and/or
 - at risk of institutionalization.



Section IV: Identifying Focal Populations for Enrollment

- Older Adults who are 60 and over with SMI, including co-occurring disorders and:
 - Unserved or underserved and
 - Have a reduction in functioning
 - Are homeless or at risk of being homeless
 - At risk of institutionalization , nursing home care, hospitalizations, and ER services.



Section IV: Identifying Focal Populations for Enrollment

- Responses Required:

1. Matrix for each of three years of members to be enrolled by age group and by categories of unserved and underserved.
2. Describe how these were selected?
 - Factors considered, criteria – by age group if possible
Description of situational characteristics of focal populations, factors/criteria that led to focal population selection and methodology for determining numbers.
3. Provide specific information about ethnic minorities to be served, and how ethnic disparities will be addressed.
4. If focal populations are not identified in MHSA, then counties must justify selection.